

Water System Acquisition & Rehabilitation Program

2003 Application

Application must be postmarked by midnight or hand-delivered by 5:00 p.m. November 10, 2003
Submit one (1) signed original and four (4) copies

Mail or ship to:

Washington State Department of Health
Office of Drinking Water
WSARP Program
Post Office Box 47822
Olympia, Washington 98504-7822

Hand deliver to:

Washington State Department of Health
Office of Drinking Water
WSARP Program
7171 Cleanwater Lane, Building #3
Tumwater, Washington 98501



Washington State
Public Works Board

October 1, 2003

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Water System Acquisition and Rehabilitation Program (WSARP)

The 2003 Legislature approved the WSARP, a \$4 million program to provide partial grants to identify, acquire, and rehabilitate public water systems that have water quality problems or have been allowed to deteriorate to a point where public health is an issue. Applicants must be a county, city, or special purpose district that already owns and operates at least one Group A public water system and must demonstrate a track record of sound drinking water utility management. Eligible* jurisdictions may receive up to \$1 million. Eligible costs include: pre-acquisition, acquisition, connection charges, pre-construction, and construction. The percentage of grant allowed within these categories are as follows:

25% - acquisition costs;

75% - connection charges;

50% - pre-acquisition / pre-construction / construction costs

Ineligible systems/projects include*:

- Group B water systems;
- Individual water systems;
- State, federal, or tribal-owned systems;
- Projects where the applicant will not own and operate all of the acquired system's drinking water infrastructure upon completion of the project;
- Projects without a capital construction component;
- Projects mainly for future growth, fire flow, or dams;
- Point of use treatment devices for community systems and most noncommunity systems.

*Please refer to the WSARP Guidelines for detailed eligibility criteria.

TECHNICAL ASSISTANCE

DEPARTMENT OF HEALTH WSARP STAFF

Department of Health staff determines eligibility and prioritization of WSARP projects. Questions in the application, Sections I and II can be directed to DOH staff.

DRINKING WATER HEADQUARTERS

Chris Gagnon

Post Office Box 47822

Olympia, Washington 98504-7822

PHONE: 360/236-3095

FAX: 360/236-2252

EMAIL: chris.gagnon@doh.wa.gov

<http://www.doh.wa.gov/ehp/dw/default.htm>

Eastern Regional Office

1500 West 4th Avenue
Suite 305
Spokane, Washington 99204
509/456-3115

Counties served:

Adams, Asotin, Benton, Chelan,
Columbia, Douglas, Ferry, Franklin,
Garfield, Grant, Kittitas, Klickitat,
Lincoln, Okanogan, Pend Oreille,
Spokane, Stevens, Walla Walla,
Whitman, and Yakima

Southwest Regional Office

Post Office Box 47823
Olympia, Washington 98504-7823
360/664-0768

Counties served:

Clallam, Clark, Cowlitz, Grays
Harbor, Jefferson, Kitsap, Lewis,
Mason, Pacific, Skamania, Thurston,
and Wahkiakum

Northwest Regional Office

20435 72nd Avenue S.
Suite 200, K17-12
Kent, WA 98032-2358
253/395-6750

Counties served:

Island, King, Pierce, San Juan,
Skagit, Snohomish, and Whatcom

TECHNICAL ASSISTANCE

PUBLIC WORKS BOARD CLIENT SERVICE REPRESENTATIVES

Client Service Representatives (CSRs) are your primary contacts for all matters dealing with WSARP contract services. Questions in the application, Section III, can be directed to CSRs.

Leslie Hafford
360/725-5007
leslie.hafford@pwb.wa.gov

Clallam, Ferry, Island, Jefferson, Lincoln, Mason,
Okanogan, Pend Oreille, San Juan, Skagit, Snohomish,
Stevens, Whatcom

Isaac Huang
360/725-5009
isaac.huang@pwb.wa.gov

Chelan, Douglas, Grant, Grays Harbor, King, Kitsap,
Kittitas, Pierce, Thurston

Enid Z. Melendez
360/725-5012
enid.melendez@pwb.wa.gov

Contact for all private water systems

Terry Dale
360/725-5005
terry.dale@pwb.wa.gov

Adams, Asotin, Benton, Clark, Columbia, Cowlitz,
Franklin, Garfield, Klickitat, Lewis, Pacific, Skamania,
Spokane, Wahkiakum, Walla Walla, Whitman, Yakima

For more information, contact your Client Service Representative or call 360/725-5000. The Public Works Board website is located at www.pwb.wa.gov. You may also write to: Public Works Board, Post Office Box 48319, Olympia, Washington 98504-8319.

Water System Acquisition and Rehabilitation Program 2003 Application Form

SECTION I: APPLICANT INFORMATION

Grant Recipient:					
Water System Name:					
PWSID Number:		Satellite Management Agency Number:			
Office Street Address:					
City:		State:		Zip Code:	
Federal Tax ID #:					
Project Title:					
Project Description:					
Request:	\$				
County:		Legislative District:	www.leg.wa.gov/common/images/statedisprofile.gif		
Congress. District:		Watershed Resource Inventory Area (see Guidelines, pg 32):			
Contacts (List Two):	1)		2)		
Street Address:					
Mailing Address:					
City / State / Zip:					
Telephone:					
Fax:					
Email:					
Consulting Firm:					
Contact Person:					
Mailing Address:					
City / State / Zip:					
	Phone ()		Fax ()		Email:

SECTION I: APPLICANT INFORMATION**OWNERSHIP / SYSTEM TYPE:**

Ownership Type:	<input type="checkbox"/> County	<input type="checkbox"/> City	<input type="checkbox"/> Special Purpose District or PUD
Type of Water System(s) Being Acquired:	<input type="checkbox"/> Group "A" Community	<input type="checkbox"/> Group "A" Transient, Noncommunity	<input type="checkbox"/> Group "A" Nontransient, Noncommunity

Applicant eligibility limited to municipal Group A water systems. See page ___ for eligibility requirements.

HISTORY:

Number of years under current management?	_____
Has system operator's license been suspended or revoked in the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has system received audit findings in the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

STATUS OF WATER SYSTEM PLAN:

Does the acquiring water system have a current DOH-approved Water System Plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the acquiring water system have a current DOH-approved Small Water System Management Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>The project must be included in a DOH-approved Water System Plan or Small Water System Management Program. The plan can be included in the project's scope of work. Potential applicants are strongly encouraged to contact their DOH regional office immediately to find out their planning requirements.</i>	
Is the proposed project included in a DOH-approved plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", refer to section of the plan that references proposed project:	

STATUS OF PROJECT REPORT:

Has a Project Report been completed for the proposed project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

COMPLIANCE STATUS:

Compliance:	Is acquiring system out of compliance with DOH requirements (e.g. active enforcement order, bilateral compliance agreement, red operating permit)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is system(s) to be acquired out of compliance with DOH requirements (e.g. active enforcement order, bilateral compliance agreement, red operating permit)?	
	If "yes", will this project bring the system into compliance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If this project will not bring system into compliance, explain how and when the system will come into compliance.</i>		

SECTION I: APPLICANT INFORMATION

OPTIONAL BONUS POINTS (see Guidelines, Appendix E for details):

Does the system want to be considered for:

The “Affordability” points?

☐ YES ☐ NO

If “YES”, what is the proposed average annual water rate per Equivalent Residential Unit (ERU) after project is constructed?

\$

ERU calculations are shown in the Guidelines, Appendix N

(Affordability bonus points are calculated at time of DOH project review)

The “Restructuring Benefit” points?

☐ YES ☐ NO

If “YES”, list system names and public water system identification numbers (PWSIDs) on page 8.

Note: A project that will result in physically restructuring (consolidating) water systems will receive three (3) bonus points for each Group A system being acquired by the project (unlimited points).

The “Regional Benefit” points?

☐ YES ☐ NO

If “YES”, list system names and public water system identification numbers (PWSIDs) of Group A systems(s) on page 8.

Note: A project that will benefit more than one water system will receive one (1) bonus point for each additional system benefiting by the project, up to a maximum of five (5) points.

The “Service Meter” points?

☐ YES ☐ NO

Projects that include installation of service meters on unmetered services may be awarded two bonus points.

Does the water system have service meters on all existing services?

☐ YES ☐ NO

If “NO”, does the project include metering of all unmetered services?

☐ YES ☐ NO

SOURCE METER INFORMATION:

Will the project add any new sources, e.g. interties, new wells, etc.?

☐ YES ☐ NO

Are all existing sources metered?

☐ YES ☐ NO

Will this project complete the metering of all existing and new sources?

☐ YES ☐ NO ☐ N/A

If “No,” contact the DOH Regional Office before submitting this application.

NUMBER OF GRANT APPLICATIONS:

How many applications are being submitted?

SECTION II: PROJECT INFORMATION

A: PURPOSE OF PROPOSED PROJECT: Check all that apply. (See Guidelines, Appendix E for Scoring Information)

RISK CATEGORY 1: Requires evidence that the system has a surface water treatment rule compliance problem or has a documented history of microbiological problems that will be addressed by the proposed project in order to receive a basic score in this category. This category includes only disinfection projects; source projects, including source reconstruction and new sources that replace existing sources; and covering, repair, replacement or other improvements to existing distribution reservoirs.

- ☐ New Source
- ☐ Source Reconstruction
- ☐ Disinfection Improvements
- ☐ Filtration
- ☐ Reservoir Improvement/Replacement
- ☐ Other, Specify _____

RISK CATEGORY 2: Project will eliminate Primary Inorganic Chemical Risk (ex: antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, copper, cyanide, fluoride, lead, mercury, nickel, nitrate, nitrite, selenium, thallium) by:

- ☐ New Source
- ☐ Source Reconstruction
- ☐ Treatment
- ☐ Other, specify: _____

RISK CATEGORY 3: Project will eliminate Other Primary Chemical Risk (ex: trihalomethanes, radionuclides, organic chemicals) by:

- ☐ New Source
- ☐ Treatment
- ☐ Other, specify: _____

RISK CATEGORY 4: Project will eliminate Secondary Chemical/Sea Water Intrusion Risk (ex: chloride, fluoride, iron, manganese, silver, sodium, sulfate, zinc) by:

- ☐ New Source
- ☐ Treatment
- ☐ Other, specify: _____

RISK CATEGORY 5: Proposed project will provide Infrastructure Replacement or other Distribution Improvements by:

- ☐ Installation of Source Meters
- ☐ Installation of Service Meters
- ☐ Installation of Distribution Reservoir (new/additional)
- ☐ Installation of Water Main & Other Distribution Improvements
- ☐ Installation of Pressure Reduction Device(s)
- ☐ Installation of Backflow Prevention Device(s)
- ☐ Other, specify: _____

SECTION II: PROJECT INFORMATION

B. PROJECT NEED:

Describe in detail the problem(s) or need(s) that requires the water system to propose this project. Describe in specific terms the threat to public health and safety that the project will avert, or describe the opportunity the system wishes to capture by taking the proposed action at this time. The project need statement is not scored, but whenever possible, applicants are required to identify:

- The number of people who are or will be affected by the problem;
 - The impacts that the existing situation has or will have on the system's operation and expenses;
 - The impacts that the existing situation has or will have on the environment and endangered species; and
 - Any other information that will put the need for the project in clear perspective.
- (Please limit to space below)

SECTION II: PROJECT INFORMATION

C. PROJECT SCOPE:

Describe in specific terms what will be done as part of this project. List materials to be used in approximate terms to allow flexibility (Examples: Install new filtration system; replace approximately 8,000 lineal feet of water line.)

Be clear what project elements are exclusively for the benefit of the Group A system(s) being acquired versus those elements that will also benefit systems that are not being acquired as part of this project.

D. USEFUL LIFE OF THE IMPROVEMENTS IS _____ YEARS.

E. HOW DOES THE PROJECT ADDRESS THE NEED:

Describe in detail how the project addresses the needs and/or opportunities outlined in *Section II-B, Project Need*. If the project does not address all of the needs, explain what will be done to complete that effort. (Please limit to space below)

SECTION II: PROJECT INFORMATION

F. WATER RIGHTS:

Does system currently have sufficient water rights for the project?

☐

YES

☐

NO

If “No,” how and when will the rights be acquired?

G. REQUIRED PERMITS:

List permits required for the proposed project, including DOH project and construction documents, if applicable, and indicate status of each permit (e.g., applied for, pending, issued, etc.) If no permits are required, explain why.

Permit	Date submitted	Date issued
1.		
2.		
3.		
4.		

H. RESTRUCTURING BENEFIT:

Does project change ownership of one or more systems?

☐

YES

☐

NO

If “Yes,” identify all systems involved by name and public water system identification number (PWSID):

Name:	PWSID #:
Name:	PWSID #:
Name:	PWSID #:
Name:	PWSID #:
Name:	PWSID #:

A project that will result in physically restructuring (consolidating) water systems will receive three bonus points for each Group A system being acquired by the project (no maximum points)..

I. REGIONAL BENEFIT:

Does this project have a regional benefit?

☐

YES

☐

NO

If “Yes,” identify up to five systems involved by name and public water system identification number (PWSID):

Name:	PWSID #:
Name:	PWSID #:
Name:	PWSID #:
Name:	PWSID #:
Name:	PWSID #:

A project that will benefit more than one water system will receive one bonus point for each additional Group A system benefiting by the project, up to a maximum of five points.

SECTION III: FINANCIAL INFORMATION:

A. ESTIMATED PROJECT COSTS:

FOR ELEMENTS EXCLUSIVELY BENEFITTING THE GROUP A SYSTEM(S) BEING ACQUIRED

1. Acquisition / Purchase Costs:

Land/ROW acquisition	\$
Other (specify _____)	\$
Contingency	\$
PRE-TOTAL	\$
X .25	\$
A-1 TOTAL	\$

2. Connection Charges:

	\$
Other (specify _____)	\$
PRE-TOTAL	\$
X .75	\$
A-2 TOTAL	\$

3. Pre-acquisition / Pre-construction / Construction Costs:

Acquisition or feasibility study	\$
Water system plan	\$
Preliminary engineering	\$
Design engineering	\$
Sales or use taxes	\$
Other fees	\$
Construction inspection	\$
Start-up costs	\$
Relocation costs	\$
Audit costs	\$
Contingency (____%)	\$
Construction	\$
Other (specify _____)	\$
PRE-TOTAL	\$
X .50	\$
A-3 TOTAL	\$
GRAND TOTAL (A.1-3)	\$

B. ESTIMATED PROJECT COSTS:**FOR ELEMENTS THAT WILL NOT EXCLUSIVELY BENEFIT THE GROUP A SYSTEM(S) BEING ACQUIRED****Pre-acquisition / Pre-construction / Construction Costs:**

	Estimated Cost	% Benefiting Acquired System	X .50	= Allowed Under Grant
Land/ROW acquisition	\$			\$
Water system plan				
Preliminary engineering				
Design engineering				
Sales or use taxes				
Other fees				
Construction inspection				
Start-up costs				
Relocation costs				
Audit costs				
Contingency (____%)				
Construction				
Other (specify _____)				
PRE-TOTAL				
X .50				
TOTAL	\$			

C. TOTAL ESTIMATED PROJECT COSTS:

FOR ELEMENTS EXCLUSIVELY BENEFITTING THE GROUP A SYSTEM(S) BEING ACQUIRED (from A.1-3)

FOR ELEMENTS THAT WILL NOT EXCLUSIVELY BENEFIT THE GROUP A SYSTEM(S) BEING ACQUIRED (from B)

TOTAL PROJECT COSTS

TOTAL	GRANT*	OTHER
\$	\$	\$

*Maximum \$1 million per applicant

D. CONSTRUCTION SCHEDULE:

Activity	Current Status	Completion Date
Preliminary engineering		
Site/ROW acquisition		
Design documents		
Construction contract award		
Construction begins		
Project completion		

E. FUNDING SOURCES AND STATUS:

Besides WSARP, what other funding sources will finance the project?

☐ YES ☐ NO

Funding Source	Type of Funding	Amount	Status	Agreement Date

Funding Source = Federal Program, State Program, Bank, Water System, or Other

Type of Funding = Grant, Loan, or Revenue

Status = In-Hand, Proposed, or Planned

- Funds are *in-hand* if a formal notice of approval or contract for the funds is in place with the funding source. Local revenue must be in an approved budget to be considered *in-hand*.
- Funds are *proposed* if a formal application has been submitted to a funding source, and the funding source considers the application or funding request as having been submitted.
- Funds are *planned* if they are found in a formally adopted water system plan/small water system management program or its equivalent.

Agreement Date = The date when the agreement for the financing was signed or is expected to be signed.

F. REQUIRED ATTACHMENTS:

- Attach a vicinity map and legal description of the property associated with this project. The legal description must include Section, Township, and Range of the project's location.
- The applicant must submit documentation of any existing or potential compliance problem, as part of the application package, in order to receive the middle value compliance bonus points (see Guidelines, Appendix E, page 20).

APPLICANT CERTIFICATION

WHEREAS, (water system name) , is applying to the Washington State Water System Acquisition and Rehabilitation Program for a grant for an eligible project; and

WHEREAS, the applicant's governing body has approved submission of this application; and

WHEREAS, it is necessary that certain conditions be met as part of the application process; and

WHEREAS, the local governing body will comply with applicable state laws; and

WHEREAS, RCW 43.155.060 requires that the project will be advertised for competitive bids and administered according to standard local procedure; and

WHEREAS, RCW 39.12 requires public works projects use state prevailing wages; and

WHEREAS, the grant will not exceed _____ of eligible costs incurred for the project; and

WHEREAS, the information provided in this application is true and correct to the best of the applicant's belief and knowledge and it is understood that the state may verify information, and that untruthful or misleading information may be cause for rejection of this application or termination of any subsequent contract agreement.

NOW THEREFORE, (Grant Recipient) certifies that it meets these requirements, and further, that it intends to enter into a contract agreement with the Public Works Board, provided that the terms and conditions for a Water System Acquisition and Rehabilitation Program contract are satisfactory to both parties.

Signed:	
Title	
Phone Number:	
Date:	
ATTEST:	

ACQUIRED SYSTEM(S) CERTIFICATION

WHEREAS, (acquired water system name) ,

approves of the applicant to enter into a WSARP contract that will result in the acquisition and rehabilitation of above system; and

WHEREAS, the acquired system's governing body has approved submission of this application; and

WHEREAS, it is necessary that certain conditions be met as part of the application process; and

NOW THEREFORE, (acquired system) certifies that it meets these requirements.

Signed:	
Title:	
Phone Number:	
Date:	
ATTEST:	

Signed:	
Title:	
Phone Number:	
Date:	
ATTEST:	

Signed:	
Title:	
Phone Number:	
Date:	
ATTEST:	

Signed:	
Title:	
Phone Number:	
Date:	
ATTEST:	